

Agency: <b>SCPD</b>		Case: <b>22-cv-04629-GRB-JMW</b>		Document: <b>28-13</b>		Filed: <b>07/01/24</b>		Page: <b>1 of 3</b>		Page #: <b>461</b>		
Incident	Reported Date	Time (24 hours)	Occurred Date	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #				
	07/30/2017	1732	07/30/2017	1732	<input type="checkbox"/> ICAD (NYC)				612			
Victim (P1)	Address (Street No., Street Name, Bldg. No., Apt No.)					City, State, Zip						
	16 TAYLOR ST TERRYVILLE, NY					TERRYVILLE NY 11776						
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)					DOB (MM/DD/YYYY)		Age:		<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		
	LAMARCO DIANE					03/11/1961		56		<input type="checkbox"/> Self-Identified:		
Victim (P1)	Address (Street No., Street Name, Bldg. No., Apt No.)					Victim Phone Number:		Language:				
	16 TAYLOR ST					631-474-4684		ENGLISH				
Suspect (P2)	City, State, Zip					<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic		<input type="checkbox"/> Unknown		
	TERRYVILLE NY 11776					<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:				
Victim (P1)	How can we safely contact you? (i.e. Name, Phone, Email)					Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole		<input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown		
	SECF											
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)					DOB (MM/DD/YYYY)		Age:		<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		
	LAMARCO MATTHEW					04/22/1993		24		<input type="checkbox"/> Self-Identified:		
Victim (P1)	Address (Street No., Street Name, Bldg. No., Apt No.)					Suspect Phone Number:		Language:				
	16 TAYLOR ST							ENGLISH				
Suspect (P2)	City, State, Zip					<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic		<input type="checkbox"/> Unknown		
	TERRYVILLE NY 11776					<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:				
Victim (P1)	Do suspect and victim live together? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Suspect/P2 present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes describe:	
Suspect (P2)	Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner					Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	<input type="checkbox"/> Parent of Victim (P1) <input checked="" type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:											
Victim (P1)	Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:											
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?											
Suspect (P2)	HE WAS WALKING AROUND WITH A KNIFE, IT MADE ME NERVOUS											
	Did suspect make victim fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: CONCERNED WITH HIS WELL BEING											
Victim (P1)	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:											
	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
Suspect (P2)	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
	Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation											
Victim (P1)	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
	Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
Suspect (P2)	What did the SUSPECT say (Before and After Arrest):											
	I'M FINE											
Witnesses	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Child/Witness (1)	Name (Last, First, M.I.)		DOB:		Child/Witness(1) Address (Street No., Name, Bldg./Apt)			City, State, Zip		Phone:		
Child/Witness (2)	Name (Last, First, M.I.)		DOB:		Child/Witness(2) Address (Street No., Name, Bldg./Apt)			City, State, Zip		Phone:		
Incident Narrative	Briefly describe the circumstances of this incident: P1 STATES THAT P2 IS A DIAGNOSED BI POLAR AND HASNT BEEN TAKING HIS MEDICATION. P1 STATES THAT P2 WAS WALKING AROUND WITH A KNIFE PRIOR TO ARRIVAL OF PD P2'S ACTIONS MADE P1 CONCERNED FOR HIS WELL BEING. DUE TO THESE ACTIONS THE UNDERSIGNED POLICE OFFICER TRANSPORTED P2 TO CPED FOR FURTHER EVALUATION. PISTOL LICENSE CHECKED WITH NEGATIVE RESULTS											
	LHF BY PO #578											
Evidence	DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away											
	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:											
Offense	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: NO OFFENSE		Offense 1		Law (e.g. PL)		Offense 2		Law (e.g. PL)	

POLICE COPY (Please make a copy for DA's office if appropriate)

NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906

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Agency: SCPD B ORI: 05101 Incident #: 17-496447 Complaint #: 612

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

NO PRIOR DOMESTIC REPORTS

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ( )

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No

Strangled or "choked" you? ☐ Yes ☒ No

Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children?

☐ Yes ☒ No

Is suspect violently and constantly jealous of you?

☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months?

☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☐ Yes ☒ No if NO, Why:

WAS GIVEN AFTER TRANSPORT TO CPED

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

CHRISTOPHER BRIAN PO6571/610/2

Supervisor (Print and Sign include Rank and ID#)

Sgt. Beihoff 1285/6015

### STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

\* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

I, \_\_\_\_\_ (Victim/Deponent Name) state that on \_\_\_\_/\_\_\_\_/\_\_\_\_, (Date)

at \_\_\_\_\_ (Location of incident) in the County/City/Town/Village \_\_\_\_\_

of the State of New York, the following did occur: \_\_\_\_\_

*[Handwritten: NO STATEMENT GIVEN PO6571/610/2]*

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

CHRISTOPHER BRIAN

Witness or Officer Signature

Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Date

7/30/17

Date

Date

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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